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AUTHOR Walters, James; And Others
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ABSTRACT

This study assessed the attitudes of 1200 high school youth from Georgia concerning adolescent marriage, pregnancy, and maternal and newborn health. The instrument used to assess knowledge of maternal and newborn health was the Maternal and Child Health Test (Walters, McKenry, & Henley, 1977). The data were analyzed primarily by a series of discriminant analyses in order to determine the variables which differentiated between males and females and pregnant and non-pregnant girls. An item analysis of the Maternal and Child Health Test revealed that: (1) adolescents were aware of the impact which an early marriage and pregnancy will have on their lives; and (2) adolescents were unaware of the immediate consequences of an early pregnancy in terms of the welfare of the mother and child. Males and females and pregnant and non-pregnant girls did not differ significantly on the Maternal and Child Health Test. The analysis of the responses on the demographic questionnaire indicated that girls who were or had been pregnant tended (1) to make friends with boys more easily; (2) to have a poorer relationship with their mothers; and (3) to be older. (Author)

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FACTORS RELATED TO ADOLESCENT PREGNANCY

James Walters, Patrick McKenry, Lynda Hanley

This report is a preliminary one which describes one phase of a large project we are undertaking at the University of Georgia concerned with adolescent pregnancy. Time does not permit us to provide you with an overview of the project in terms of all the variables we are examining nor of the statistical analyses of the data which we believe reflect a significant step forward in gaining a better understanding of the factors related to a complex social problem, one which affects a growing number of youth each year.

The information we are presenting today focuses on two aspects of the project: (a) the responses of adolescents to an instrument designed to measure their knowledge of the impact of adolescent marriage and pregnancy on their lives, and their understanding of the consequences which an adolescent pregnancy may have in terms of the well-being of children, and (b) a demographic description of pregnant and non-pregnant girls.

The purpose of our over-all project is to provide information which will be helpful in formulating public policy and in designing programs which will contribute to the well-being of children and parents. It is our view that although there is considerable literature on adolescent pregnancy, its utility is questionable.

Essentially the literature is based on studies involving small, clinical samples which have utilized poor controls, and, of the variables which have been studied, few have been systematically replicated.

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More important, the treatment of data has resulted in the identification of variables which are statistically related to pregnancy, but the studies have failed to indicate the amount of variance accounted for by these variables. In addition, there appears to have been little effort to integrate findings in the development of models useful to practitioners and researchers.

Sample

The present analysis is based upon a sample of 1200 who participated in a state-wide study of Georgia high school youth, 64% of whom were female and 36% of whom were male. It should be noted that the sample was chosen from nearly 2000 youth from 11 schools who were included in a preliminary study designed for the purpose of instrument refinement. The sample is large enough, however, to draw some tentative conclusions and to suggest some promising hypotheses.

Methodology

Based on these concerns and directions, this project involved an assessment of knowledge of high school youth from Georgia with reference to factors related to adolescent marriage and pregnancy, and maternal and newborn health.

The instrument utilized was one which is in the process of development entitled Maternal and Child Health Test which in this phase of our investigation consisted of 30 items to which the subjects could respond "I don't know" or "true" or "false." We were interested in the percentage of youth who would be willing to admit that they did not know the correct response to an item and to provide an alternative to guessing. We recognized, however, that many youth who did not know the correct response to an item would guess, and because they had a 50% chance of

guessing correctly, it is important to keep in mind in that the percentages of "correct responses" are likely to be spuriously high in that they reflect some correct guesses.

Also, we used a background data sheet consisting of items found to be significant in previous studies, to collect demographic information and to obtain ratings of adolescents' familial and peer relationships.

Data Analysis

The data were analysed primarily by a series of discriminant analyses in order to determine the variables which differentiated between males and females and pregnant and non-pregnant girls. An examination of mean raw scores and mean discriminant scores on the variables which contributed significantly to the separation of the groups provided the basis for an explanation of the ways in which groups differed.

Results

What Did the Adolescents Know?

At least two-thirds of the respondents knew:

1. That there are greater physical risks for babies of teenage mothers than for babies of mothers who are 20-30 years old (66%).

2. That there is a relation between adequacy of maternal nutrition and birth defects of infants (68%).

3. That there is a relation between heavy consumption of alcohol during pregnancy and the incidence of defects in infants (87%).

4. That V.D. is on the increase in the U.S. (74%).

5. That if the mother has V.D., when her child is born, the child can be very damaged (75%).

6. That some inherited defects may not show up until a child is fully grown (67%).

7. That many teenagers think they will like having a baby more than they really do (65%).

8. That the only jobs available to teenage fathers are undesirable and pay very little (74%).

9. That teenage fathers often have to quit school to make a living for their family (82%).

10. That very often someone else has to pay physician and hospital bills when teenagers have children (77%).

11. That taking some medicines during pregnancy may affect the unborn child (83%).

12. That some teenagers get pregnant in order to "force a marriage" (75%).

13. That infants grow up better if their parents want to take care of them and if they have enough money (79%).

What Do Adolescents Not Know?

Fewer than half knew:

1. That twice as many infants die if the mother is under 15 when their baby is born than if the mother is 20-24 (45%).

2. That 5 times as many mothers under 15 die when their babies are born as mothers who are 20-24 when their babies are born (25%).

3. That it is not always easy to tell when a person has V.D. (44%).

4. That babies who are born to teenage mothers are not as intellectually capable--on the average--as babies who are born to mothers 20-30 years old (15%).

5. That maternal age is related to the birthweight of infants (25%).

6. That maternal therapeutic irradiation (X-rays) during pregnancy could cause birth defects (38%).

7. That a relation exists between medical care--as reflected in the frequency in seeing a physician during pregnancy--and birthweight of the child (34%).

8. That a relation exists between prematurity--as reflected in birthweight of less than 5 1/2 pounds--and infant mortality (41%).

9. That a relation exists between birthweight and birth defects (28%).

10. That a relation exists between prematurity and intelligence (10%).

11. That "teenage mothers have more premature babies (born before 9 months is over) than mothers over 20 (40%).

12. That mothers who are 15-19 have more problems in childbirth than mothers who are 20-24 (48%).

13. That it is impossible to be sure when a woman cannot get pregnant (26%).

A pattern which emerges from these findings is that:

1. adolescents are aware of the impact which an early marriage and pregnancy will have on their lives, and

2. adolescents are unaware of the immediate consequences of an early pregnancy in terms of the welfare of the mother and child.

A factor analysis of the instrument is supportive of such a pattern. The two factors measured by the instrument appear to be:

1. the consequences of early marriage and pregnancy, including long range implications to the parents, and

2. problems for mothers and babies related to delivery of babies to adolescent mothers.

Responses to the instrument, Maternal and Child Health yielded a difference of only one point in mean responses of males and females. For all practical purposes if can be assumed that the level of knowledge concerning factors relating to maternal and child health between the males and females is similar, failing to support the idea that in our society the socialization of females is of such a nature that it yields greater understanding of factors associated with the health of mothers and children.

Specific Differences Between Boys and Girls

Only two items differentiated the correct responses of males and females by as much as 10%. Females were more likely to know that:

1. It is not always easy for a person to tell if he or she has VD (Males 37%, Females 49%).

2. Most babies who die before they are one month old weigh less than 5 1/2 pounds when they are born (Males 33%, Females 46%).

Differences Between Pregnant and Never Pregnant Girls

Overall differences in mean scores was less than one point. The mean score was 47.7 for the pregnant group and 47.5 for the never pregnant group. However, several items were answered correctly by as many as 10% more the girls who had never been pregnant. The never pregnant girls were more likely to know that:

1. There are greater physical risks for babies of teenage mothers than for babies of mothers who are 20-30 years old (Never pregnant 72%, Pregnant 51%).

2. Twice as many infants die if the mother is under 15 when their baby is born than if the mother is 20-24 (Never pregnant 46%, Pregnant 35%).

3. The age of the mother is related to the baby's weight at birth (Never pregnant, 25%, Pregnant 15%).

4. Teenage mothers have more premature babies (born before 9 months is over) than mothers over 20 (Never pregnant, 42%, Pregnant 25%).

5. Mothers who are 15-19 have more problems in childbirth than mothers who are 20-24 (Never pregnant 49%, Pregnant 30%).

6. Teenage fathers often have to quit school to make a living for their family (Never pregnant 86%, Pregnant 62%).

7. Very often someone else has to pay the doctor and hospital bills when teenagers have children (Never pregnant 82%, Pregnant 68%).

8. Some teenagers get pregnant so they can quit school (Never pregnant 50%, Pregnant 38%).

The pregnant girls, however, were more likely to know that:

1. Babies who are born to teenage mothers are <u>not</u> as smart as babies who are born to mothers 20-30 years old (Pregnant 61%, Never pregnant 47%).

2. Some inherited defects may not show up until a child is fully grown (Pregnant 77%, Never pregnant 67%).

Demographic Differences in Pregnant and Never Pregnant Girls

Adolescent pregnancy was examined in relation to (a) relationships with family members, (b) relationships with peers, and (c) family socio-economic factors. The results indicated that girls who were or had been pregnant tended:

1. to make friends with boys easier (closeness to friends who were girls was only descriptive of non-pregnant girls),

2. to have a poorer relationship with their mothers in the present, and

3. to be older.

Middle class status, both parents in the home, and white race are descriptive of non-pregnant girls, according to the discriminant analysis, but are not descriptive of girls who were or had been pregnant.

Although the differentiation between pregnant and non-pregnant girls was statistically significant on these variables, it is very important to realize that these variables account for extremely small amounts of variance between pregnant and non-pregnant girls.

Implications

We believe that these data contain some important messages for the development of programs and services for adolescents who are or may become pregnant. Like other investigators, we found significant differences between pregnant and non-pregnant girls. However, just one step further in examining data reveals the extent to which girls are different according to specific variables, and it is clear from these data that we have explained very little of the difference between pregnant and non-pregnant girls.

This study suggests that for all practical purposes, there is no special group of adolescent girls who may be considered "high risk." Therefore, rather than continuing efforts to identify and plan programs for girls at risk (usually black, low socio-economic status, with little evidence of motivation for school achievement), efforts should be concentrated on education for all adolescents, including males.

Programs need to focus on communicating the information which adolescents lack. To date, there is little evidence that youth who have been enrolled in appropriate classes have retained such information as the times of the month when a woman is least likely to become pregnant. It will be necessary to understand more about adolescents and how they learn if we are to develop effective, relevant educational experiences.

Adolescents seem to understand the implications of marriage and pregnancy for themselves much better than for their children. That they are likely to bear and be faced with rearing defective children should be made clear in our educational efforts.

It would appear that the knowledge which youth have does not efficiently differentiate pregnant and non-pregnant girls. What we <u>don't</u> know is whether knowledge which they <u>don't</u> have will make a difference. This, we need to learn.

High school teachers report that many youth are delighted upon becoming pregnant for there are social rewards within the peer group. Mothers provide services for their adolescent daughters with babies. Families provide psychological support and governments ease the burden among the poor by providing economic support.

In some social groups the stigma of having a baby out of wedlock is gone and there are subtle forms of encouragement. Parents acknowledge

their children's sexuality. Some ignore it, some encourage it, and some condemn it. For the most part, however, parents haven't dealt with the sexuality of their children rationally, for the majority reflect our cultural definition that sexual encounter among young, unmarried persons is bad. Youth, however, know better, and operate in silence, pledging allegiance to two standards: that of their parents who hold tenaciously to an unrealistic standard and to that of their peers who accept the fact that sex is fun, and life is to be enjoyed.

The problem of adolescent pregnancy is far from being solved. This study clearly indicates that efforts to date constitute only the first step in the movement to reduce the incidence of adolescent pregnancies.